Center for Medical Missions®
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ePistle

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In this Issue

Pearl

“Asunta is 13 years old, but she looks more like 10—very small compared to the tall and graceful people of her Dinka tribe. She has a little bald spot on the top of her head. It is from carrying all her possessions on her head, walking for days at a time…for weeks, for months…for years—over ten thousand miles in her short lifetime.” – Marj Humphrey

Introduction to this Issue

In 1980, a prophetic stranger passing through a Nairobi guest house sat at a dinner table with us. He challenged us to "keep an eye on the refugee populations of the world." None of us could have known that in a few short weeks we'd leave language school and be shoulder-to-shoulder with Ugandan refugees fleeing the terrors of Idi Amin. They called it *the walk through the fire*. Dramatic life and death stories of African brothers and sisters would be etched on our hearts and minds forever. They fled soldiers by night, waded across rivers, were mistreated as strangers in a country not their own. One of those who ended up in our small village finally landed a high school teaching job. He and his family became our close friends. They ultimately founded a ministry that impacted East Africa for decades to come.

The current world refugee numbers are incomprehensible. Syrian refugees alone account for around 6.8 million. In Deuteronomy 10:18, we read how God "loves the sojourner" (ESV). In this issue you will read stories about people ministering to refugees and migrant populations in Jesus' name.

These are uncertain times. And COVID-19 has made exiles out of all of us. May we seek the shalom of God for the ones that Jesus taught us to call our "neighbor." – Judy Palpant, Editor

On the Move

by Marj Humphrey

Easter morning dawned sunny and bright. The festive mood continued as it had begun the night before at the Easter vigil. Troubles forgotten for a few blessed hours, the children danced in traditional dress, and afterward they played games. But then, into the middle of it all arrived an official UN Land Rover. They had bad news. Khartoum's troops had broken through another stronghold and were now dangerously close to the three large refugee camps an hour north of us. The camps would have to be evacuated immediately, and we should prepare for a massive movement of refugees through our area as they headed for a clearing 15 miles east of us which was hastily being prepared as a camp. We, ourselves, should be on evacuation alert, ready for departure at a moment's notice.

Over the next few days I witnessed an unbelievable human drama—thousands of Sudanese, walking in eerie silence. What began as a trickle became a stream, then a mighty river: 30,000 people walking barefoot and silent down a winding, hilly road, past the mission, to somewhere beyond. They carried their children and their few possessions: a chicken, a half-bag of grain, a cooking pot, a sheet of plastic for shelter. Always they walked at night, out of fear of the bomber, each new wave of humanity visible from the mission in the gray, pre-dawn light.

Excerpted from "Herod Reigns" in Commonweal, 1994

Marj Humphrey is a retired physician assistant who worked in Kenya and South Sudan from 1990 to 2006. During those years she attended several of CMDA's Continuing Medical and Dental Education conferences at Brackenhurst. Currently she serves as Director of Missions for Maryknoll Lay Missioners.

A Healthy Fear

by Al Weir, MD

"The Lord is my light and my salvation—whom shall I fear? The Lord is the stronghold of my life—of whom shall I be afraid?" (Psalm 27:1-2, NIV 1984).

I sat across the room from my fellow in training and asked her how she was doing with the COVID-19 chaos. "I don't know, Dr. Weir," she said. "It's crazy. My husband is working in the ICU. For three nights I've made him sleep in another room away from our baby. We just don't know what to fear."

Do you know what to fear?

I have another colleague who walks around in constant anxiety and fear over our present virus pandemic. She actually seems angry with me that I follow the prescribed guidelines but will not be anxious with her.

Jesus told us whom to fear and whom not to fear. In the Gospel written by Luke, Jesus said, "I tell you, my friends, do not be afraid of those who kill the body and after that can do no more. But I will show you whom you should fear: Fear him who, after the killing of the body, has power to throw you into hell. Yes, I tell you, fear him" (Luke 12:4-5, NIV 1984).

Throughout His days on earth, Jesus admonished His followers, over and over, "Do not fear." But in these verses, He speaks of something that should be feared. He is telling the world that there is a healthy fear for those who do not know Him, a fear that should turn them toward eternal life.

For those of us who have given our hearts to Jesus, we need no longer fear God, nor the virus, nor cancer, nor any brokenness that life might bring. God is with us now. Heaven is wonderful and waiting—the event that will take us there is almost like a friend. But for those who do not know our Lord, these verses speak loudly. They speak of hell. And whatever hell is like, it is not heaven.

Do you know what to fear? I know that I, as a follower of Christ, should not fear the personal consequence of this viral pandemic, as difficult or tragic as it may be. However, I certainly should fear that there is one I love who might leave this life without knowing God through Jesus Christ, our Lord.
Dear Father,
Bless those ill or financially broken because of this viral pandemic. Touch and heal them, please. Let no one I know be caught in its snare without hearing your name and your love for them.
Amen

Prayer Points from CMDA (www.cmda.org/coronavirus)

"May the God of hope fill you with all joy and peace in believing, so that by the power of the Holy Spirit you may abound in hope" (Romans 15:13, ESV).

Morning

- **Pray** for our healthcare colleagues on the frontlines treating those who are sick, so pray for the Lord to protect them, to strengthen them and to offer them peace in the midst of the global pandemic.
- **Pray** for those in training. The virus is impacting the future for healthcare students and residents around the country, as well as their current training. Pray for guidance and peace as they learn in the midst of the pandemic
- **Pray** for those who are sick, that the Ultimate Healer will heal and comfort them. Pray for their physical and spiritual healing, so they may live life and life abundantly. Also pray for their families.

Afternoon

- **Pray** for guidance for our churches and ministry leaders as they navigate new ways of sharing the love of Christ through live streaming and the internet in this unprecedented time of social distancing. Ask Him to give His people endurance, wisdom and hope.
- **Pray** that God would break us free from the idols of our hearts and stir revival within God's people and within the nation.
- **Pray** for those you know who are now far from God and who need to know Christ. Pray that they would seek the Lord during this pandemic. Ask the Lord to open their hearts to the truth of His Word. Pray that they would turn to Jesus and find salvation, refuge and help.

Evening

- **Pray** for long-term healthcare missionaries who are still working in countries around the globe, and pray for the Lord to protect them from the virus and give them rest amidst an overloaded work schedule.
- **Pray** for the families of our healthcare colleagues, as they send them off to fight the virus each day. And pray for those families that have been separated to keep from infecting others due to their work
- **Pray,** in this time of uncertainty throughout our world, for our national and local leaders to call upon the Lord for guidance and wisdom to do what is best for our communities and our nation.

A Note from Susan

I've received an unusually high number of updates from the field in the last six weeks. Thank you! I read each of them closely so have noted the frequent mentioning of disappointment that the CMDE conference had to be canceled. Knowing how important that conference is in the lives of global medical workers, I wish it could have been different. The pandemic has impacted lives in many ways. Thankfully, our Father sees the whole picture and we can praise Him for that. Moses and the Israelites experienced plagues before beginning their walk to the promised land, but after seeing the Lord stay the waters of the Red Sea, they marched and sang:

"I will sing to the LORD, for He is highly exalted;
The horse and its rider He has hurled into the sea.
The LORD is my strength and song,
And He has become my salvation;
This is my God, and I will praise Him;
My father's God, and I will extol Him.

The LORD is a warrior;
The LORD is His name" (Exodus 15:1b-3, NASB).

Please be encouraged. The Lord is still on His throne!

Resources

Personal Pandemic Support (PPS)

Video introducing PPS

When you receive this edition of the *e-Pistle,* you and your colleagues are probably busy putting in extra efforts to prepare for the COVID-19 pandemic: Establishing plans, protocols, including those for triage, obtaining PPE and staff trainings. Knowing how daunting it was when the pandemic arrived in the U.S., we can hardly imagine, what it is like looking at it from a low resource environment. Global workers generally are very resilient, and global healthcare workers are more used to triage than most of their colleagues in the West. A study among Christian cross-cultural workers in West Africa a few years ago showed how resilient global workers were, given the many adverse circumstances they were exposed to (Schaefer, FC; JTS; 2007). At the same time, in very high stress environments and with recurrent traumatization about one-third of them were affected in a way that made it hard to function. They had traumatic stress, emotional numbing, burnout, depression, insomnia, stress symptoms and spiritual struggles. It would not be unusual if something similar happens to healthcare personnel in low resource contexts during this pandemic.

A group of cross-culturally experienced Christian MDs trained in psychiatry, counseling and coaching are getting ready to come alongside healthcare professionals at the global frontlines of the pandemic to provide Personal Pandemic Support (PPS). Please consider it a part of your PPE, and do not hesitate to contact:

- GRC-Godspeed Resources Connection: To connect with an MD for brief consultation and counseling, please use https://www.godspeedresources.org/pps. Starting there is particularly helpful, if distress makes it harder for you to function or to concentrate.
- CMDA's Center for Well-being: Please use www.cmda.org/coaching to connect with a CMDA life coach to improve balance in hard times, build strength in a certain area and address spiritual concerns. You can find general resources for coping with the impact of the pandemic at www.cmda.org/wellbeing.
- A collection of resources specifically for global healthcare workers compiled by Global Worker Psychiatry Council members can be found at COVID 19 RESOURCES FOCUSED ON EMOTIONAL HEALTH.
- Other resources are at http://www.traumaresilience.com/pandemic-resilience-resources.html, including a blog with Laments, Psalms and Contemplations relevant to the pandemic at http://www.traumaresilience.com/blog.

This is a collaborative effort between CMDA, GRC and MDs from the GWPC-Global Worker Psychiatry Council.

Do You Need to Refresh Your Patient Ventilation Knowledge?

If you're a physician or other healthcare worker, you can get a free ventilation course here**.** The course can be completed in an afternoon. This is being offered by MedMastery, an ACCME accredited organization which is highly commended by the British Medical Association.

In fact, all of their courses are free to hospitals preparing for or currently treating COVID-19 patients.

One more thing, you are welcome to forward this message to anyone who could benefit from updating their ventilation training.

Assistance Offered by Engineering Ministries International (EMI)

EMI, a Christian non-profit of engineers and architects, is offering assistance to any mission hospital that would like some help in planning out spaces for temporary wards, expanded ICUs and expanded isolation areas (especially in places that weren't really designed for isolation). Even if you've never worked with EMI before, they welcome you to contact them.

They are hoping to do what they can remotely – helping hospitals be ready for additional COVID patients.

For quick help in figuring out reconfigured layouts of wards or converting chapels, etc. into wards or isolation units, EMI is waiving any design fee it might normally charge.

The contact by email is disasters@emiworld.org or through their website at www.emiworld.org.

Do You Have a Future Colleague Who Might Wish to Participate in CMDA's August Pre-field Training?

In hopes that quarantine orders will be lifted well before August, planning is proceeding for our August 13-16 pre-field training for new global workers. This training will be held at national headquarters in Bristol, Tennessee. Registration information can be found here. Please share with those you know are preparing to join you in service.

A Deep Sense of Privilege

by R., MD

Our refugee camp has 16,000 refugees inside and as many people squatting in the surrounding area and village. Five years ago, ISIS overran the nearby city. Since that fateful day, the camp remains completely full. Rarely, a family emigrates, risks European transit camps or manages to rent a house outside the camp. But once they do and a place opens up, someone immediately fills the vacancy.

The local government runs a medical clinic every morning. They see patients only as long as the daily supply of medicine ration holds out. Then the patients go home, and doctors sit around to fulfill their hours of obligation. Private medical establishments can only open at 2 p.m., so that is when our clinic begins.

Mornings at home begin by starting a load of laundry (if we have city electricity). After a time of reading and prayer on our roof, I finish up my charting from the previous clinic day and do reading online or work on lab reports. Vocabulary cards await their turn for my attention—vital if I am to learn the specific dialect of the refugees. I jot down a few phrases to try out with my translator. My bag of supplies is ready. Because I am an obstetrician gynecologist, there are some nonformulary items I want to have available. Finally, I pack a bag lunch for supper with enough to share with my translator. Sometimes she surprises me with something delicious her mother has cooked.

I don my long skirt and long sleeves as I head out the door at noon for the 15-minute dusty walk to the clinic. It is milder weather now, pleasant, not too hot yet, nor rainy and muddy. I pass the neighborhood shop where the old man sits and calls out, "Merhaba Mama." The young boys run alongside asking, "Vat is your name?" Older boys point and snicker, sometimes using English profanity. One woman steps up to greet me, kisses me enthusiastically. She is a former patient.

Today a young man from one of the makeshift shops along the road steps up and insists on carrying my bag so that he can walk with me and practice his English.

At the center entrance, I escape from the unpredictable world into the cool shade of the check point. The guards rise and greet me. I inquire of their families and express gratitude for their faithful work. I also let them know when to let in my “early” patients—the ones I have squeezed into my schedule before official clinic hours.

From there I pass a furniture making shop with the aroma of fresh cut wood and a collection of newly built beds, dressers and picnic tables.

Then out comes a group of children who have finished their program. They are being herded out to the vans that will drive them back to their tent homes.

I see our mental health director and rush across the courtyard to catch her. Together we brainstorm how to provide help for two patients—suicidal women with massive family problems. Many of the women I see are on antidepressants plus anti-anxiety medications long-term—the only form of mental health help or trauma recovery they might have access to. What comfort to have another who cares with me for the same women.

Finally, at the clinic, before seeing patients, I check in with my breastfeeding team—four young women who are lovely, eager and energetic. After a round of greetings, I listen to stories of victories and defeats. Then I ask some final questions. How many women came to class this morning? What new types of problems are they encountering? How many tent visits did they make? Do they need more diapers? Are the loaner breast pumps all accounted for?

Before leaving them, they ask me to make one home visit to a nearby tent where a mother struggles to care for her month-old twin boys. The mother sits on a cushion in the dim interior of the tent. A carpet covers the concrete floor. I see a few cushions, trunks, a small refrigerator and a wooden cradle. She is nursing one of the twins, while the other sleeps in the cradle. Two toddlers cling to her back. She bursts into tears and says she just cannot care for the children, exhausted and alone without any female relatives. We help her the best we can but leave disheartened ourselves. We have no way of providing social support.

We hurry back because my patients will be arriving. Despite appointment times, most will come at the beginning of the clinic hours and will get frustrated as some must wait past sunset.

In my room, I rearrange the furniture. I don’t want a table between me and my patients. I set up the computer, log in and get settled. The clinic cleaner, a young woman, comes in and asks to talk to me. She brings another staff worker to translate. Slowly she struggles to reveal her terrible secret. She thinks she was raped at age six by a relative and has never told anyone. Could I do an exam? I did. Unhappily the exam confirms her suspicion. She weeps. No man from her tribe will marry her. She accepts prayer. We grieve together this multilayered injustice.

At 1 p.m., my translator arrives. We exchange a warm greeting. She is a gem and also functions as my nurse assistant and secretary, managing the waiting patients, making phone calls to check up on patients. She gives me countless cultural tips and tells me gently when I’ve made a cultural mistake. We work hard for seven hours straight with only a brief break.

A woman comes who is eight months pregnant. She is now in her third marriage and, as with the others, this man plans to divorce her as soon as she bears his child. She is essentially a surrogate mother against her will. The medical care is straightforward. However, the social situation is challenging. I refer her to a friend who works in human rights for women to see if anyone can advocate for her.

My next patient is a young woman with an irregular menstrual cycle. I need some idea of what is going on. Women are commonly illiterate and so cycle charting is a challenge. We have developed a simple chart where a system of dots is used for them to daily record presence or absence of menstrual flow, but it takes quite a while to teach them how to use it.

From time to time I ask myself, why I am working with infertility patients in a refugee camp. But for these women, bearing a child is nearly a matter of life and death—defining role, respect and security within the community. The girls are married young and producing children is essential to avoid divorce or at least acquiring second wives into the household. Sadly, I can do very little to help most of my infertility patients. Sometimes I can correct misunderstanding or prevent them from wasting their small resources on expensive and useless or exploitative treatments. Often, they are appreciative of prayer in Jesus' name. Education is empowering so I repeat explanations try to help them understand.

But we do have a handful of babies now. In one case the patient and her husband brought their baby girl in beaming and presented me with a gold ring in appreciation. I did not want to take it and was in great distress until my translator hissed at me, "Take it." Despite my acute discomfort, their presentation and my acceptance of it validated the value of this baby girl's life.

The parade of patients continues into the evening: Infertility, high risk pregnancy, gynecologic problems, contraception dilemmas, some hesitating to tell their problems, some manipulative, some desperate and in despair, some needing referrals, some with no money for transport to get tests. Often, they attempt to sneak in extra patients disguised as their support person, sometimes they pull out empty boxes of medications as they are leaving and beg for help for family members with chronic diseases.

I am protected by our clinic registrar who limits the number of patients I see. I add in several "extra" slots daily for the ones who need urgent follow-up or have some type of complication. I agonize over the decision to provide continued care for established patients with ongoing issues versus opening up more slots for new patients who have never received help from our clinic.

It is long past dark, the last patients have left and the staff hurries home, held late by me. I clean up a bit and finish up some notes to myself, then walk out to my ride home. It is late and I am very tired. My husband and I share stories of our days. He helps me think through some of the clinical dilemmas.

I return to my roof and gaze out over the quiet village streets with only rare rumbles of a truck or a barking dog. The stars reassure me of God's sovereignty. My emotions are a jumble—pain over so much I can't change or help, the immense size of the problems and human suffering. But there are joys scattered throughout and a deep sense of privilege that I'm actually here. A few minutes of talking with God and then I go back downstairs to bed.

R. and her husband are both medical doctors who served in Central Asia for 20 years before moving to the Middle East where they have now worked with refugees for nearly four years. They are on a planned furlough that started before COVID-19 and hope to return in August. For now, the local government required all NGOs to close their work in the refugee camps. Restrictions continue to tighten with borders closed. Authorities allow only one member of a family out on foot to access food shops outside the camp. Even more difficult than the virus will be the inability of the poor to access day jobs and thus ultimately food. Rations are inadequate and were based on the presence of international NGOs.

Just Love Them

by Trish Burgess, MD

In the end, my biggest lesson in caring for the refugees was this: love them. We can talk and preach the gospel, but it may not get very far and can be frustrating. If we simply learn to focus on loving them, they will notice. In Greece, a woman came to our clinic each day we were there. She watched our triage nurses smile, listen to the patients, lovingly touch them on the shoulder or even hug them. She watched the patient go to a doctor who was also kind and gentle with them. She watched as they went to the pharmacist who gave them their medicine for free with a smile. On the last day, she finally talked with one of the interpreters about all these things she had seen. She told her, "I have never seen this before!" and "My people do not do this." The interpreter simply said, "It's Jesus!" She had the opportunity to hear the testimony of one of our young interpreters who had accepted Christ as his Savior just six months before and sacrificed a lot to follow Him. In those moments, she shared that she understood of this loving God named Jesus and asked to be led in the prayer to salvation. That is Christ's message, that they will know us by our love.

Dr. Trish Burgess, formerly an ER doctor, now directs CMDA's Global Health Outreach. She has traveled to more than 16 countries during the 10 years she has been doing short-term missions.

Updated information: GHO has essentially been grounded from our work around the world. We were following the CDC guidelines for travel and were able to send our first two of 10 March teams out on their mission trips. The last eight we had to cancel as schools and hospitals began issuing no-travel orders. The information on the COVID-19 virus and recommendations by CDC and WHO changed rapidly. GHO has since canceled all teams through June for a total of 21 canceled teams. We are trying to focus on being servants and witnesses for Christ where the Lord has placed each one of us for such a time as this. I have encouraged our team leaders and members to serve how they can where they are and take care of their own health. While we were surprised, the Lord certainly was not. We will continue to watch guidelines and return to the mission field as soon as possible. As difficult as things are here in the U.S. with all our resources, I pray for those in other countries who do not have the ability to quarantine themselves or even feed their families. We must continue to trust the Lord to carry us all through this storm.

Glimmer of Hope

by Rob Congdon, MD

The events of the subsequent three weeks have shaken the world. Here in East Africa, where the small number of proven cases is rising rapidly, schools and businesses are shuttered and concern about the unseen infectious enemy is ever present. The UN is deeply concerned about the risk of Coronavirus spread throughout the Doro refugee camps. We are aware, though, that for many of our African friends there is a remarkable, steadfast faith in God's goodness, even in the midst of the shaking. People who've learned to trust God in the uncertainty of tropical disease, civil war and hunger develop an unshakable awareness of the Lord's trustworthiness.

My recent visit to Doro was cut short, and with hurried "goodbyes," I joined AIM Air pilot Dan (a retired U.S. Navy pilot) to fly out of Doro through an ominous wall of dust (a "haboob" rolling down from the northern deserts) which extended more than a mile up above the Doro airstrip. We finally emerged from the dust, into clear blue sky and bright sunshine. Within days of my departure, travel from South Sudan into Kenya became difficult as concern mounted over the pandemic.

On this trip to South Sudan, my purpose was threefold: delivery of a new handheld Butterfly iQ ultrasound machine which many of you helped us purchase for Doro; training of the missionary and South Sudanese health team in its use; and encouragement for the health staff and those who live in the perpetual conflict zone of South Sudan.

Though truncated by the progress of events, the trip was a success on all accounts. The ultrasound was delivered and performed beautifully, though not designed to operate in the daily heatwave which rose up to 114 degrees in the Doro clinic. Ultrasound training for the staff provided a good foundation; in a region where perhaps a million people have no access even to an x-ray machine, this will be an invaluable and easily usable tool for diagnosis, as well as a blessing for many patients. The ultrasound scans can be uploaded to the internet cloud, and the ability to help our team with advice from a distance will be an added blessing.

What about the status of the 140,000 Sudanese refugees who live near Doro? With the arrest of Sudan's president Omar Bashir and his delivery to the International Criminal Court, bombs are no longer falling and there is hope this will be the year the refugees begin to return to their homelands northward in Sudan. Agreements need to be signed in Khartoum, and then the process will begin. Rebuilding lives, establishing homes, communities, schools, clinics and churches, in countryside devastated by tanks and aerial bombing, will be a slow and challenging process. Nevertheless, there is excitement and expectation in the air. Many individuals, and entire people groups, will return home changed forever by the light of Christ which penetrated the darkness and uncertainty of their lives in a most amazing and wonderful way.

Meanwhile, those who will remain in Doro (and South Sudan) will carry the burden of the young nation's own large set of problems. Six years of civil war has scarred South Sudan badly; I was shocked by the devastation I witnessed in the deserted city of Malakal, as I flew in a UN flight from Juba via Malakal, to Doro. The bitter political rivals who lead South Sudan have agreed to lay down their AK-47's, bringing a glimmer of hope that peace will at last prevail. There remain, however, four million refugees from South Sudan, and they will be slow to return to their homes.

Pray that the Lord will protect and sustain our South Sudanese health workers, Benjamin, Masir, Peter and Ashikor, as they care for the sick each day at the Doro Grieve Memorial Clinic. The newest member of the team is Ashikor.

One day I asked him, "Where did you get that name?"

"Well," he said, "It was a time of war and fighting and my mother was running in the bush. I was born. So… she named me after the guns." I must have looked puzzled. "Ashi-Kor!" he slowly emphasized each syllable. "A-K, like in AK-47."

Rob and Nancy moved to Africa three months after they were married and raised their six boys while serving as medical missionaries in Southern Africa and East Africa. The Lord led them to South Sudan in 2006, where they've experienced the startling reality of the living God, doing His greatest work, in the darkness.

And They Keep on Coming

by Douglas G. Briggs, MD

After 23 years overseas, I returned to being a doctor in America. I feared that living as a doctor in the states would be unbearably dull and comparatively unfulfilling after more than two decades in a challenging third world setting. I also feared that I would miss seeing many Asian patients since God had given me such a love for them. They are like family, a people God has given us, and in the summer of 2018, it was all ending.

Less than a year later, I was scratching Eritrea off a map of the world. First, I had to find it.

I had bought a scratch-off map of the world to keep track of the different countries from where patients have come to my clinic in Raleigh, North Carolina. As each country gets scratched off a bright color is exposed. The world is now mostly bright and colorful, at least on the map at the Neighbor Health Center.

In one year, people from more than 60 different countries have now come to Neighbor Health where I have been seeing patients.

And they keep on coming.

I have Tibetan patients, Chinese patients, patients from the Middle East, Vietnam, Nepal, Congo, Myanmar and Sri Lanka, and I have a nice ceremonial Nigerian shirt from a patient.

So how did God accomplish this?

At the same time that we were praying about a place suitable for living and working and finding fellowship, there were people in Raleigh praying God would supply a doctor to head up a clinic for uninsured and Medicaid patients. The hope was that such a clinic would provide a doorway into the healthcare system for refugees, immigrants, homeless, recently incarcerated, people from substance abuse clinics and prenatal patients with nowhere to go.

I got a call four days after we arrived in the U.S.

Support for the clinic is still touch and go—no sure thing. Funding is always a problem. Patients are extremely complicated. Trying to strike a balance between what our vision is for the clinic versus what are the financial realities and risks of working in the clinic. I end every day tired.

But I love it. This job is God's answer to prayer, and it has provoked much more prayer. And the new stories have begun.

There are nearly 10,000 Arabic speakers that live in western part of Raleigh near where my clinic is located. I see Iranian refugees who have lived on Manus Island in the South Pacific, Russian refugees who have been on Christmas Island nearby, refugees from wars in Afghanistan and Syria, and Christians who have fled countries where they are being persecuted.

The Bible is pretty clear on how the church should respond to these people, and we can provide a catalyst.

It is the church's time to shine.

We know where the true Refuge is!

Because of immigration to the U.S., conservative estimates count at least 360 unreached people groups currently living in the U.S. There are 386 unreached people groups in Asia. Other than Asia, only India and Pakistan have more unreached people groups in the midst of the population.

The U.S. definitely has far more resources for reaching these groups than the Asian countries, but remember YOU are one of those resources. Just because there are resources here does not mean that these people are being exposed to the gospel.

But now is a time for the church to shine.

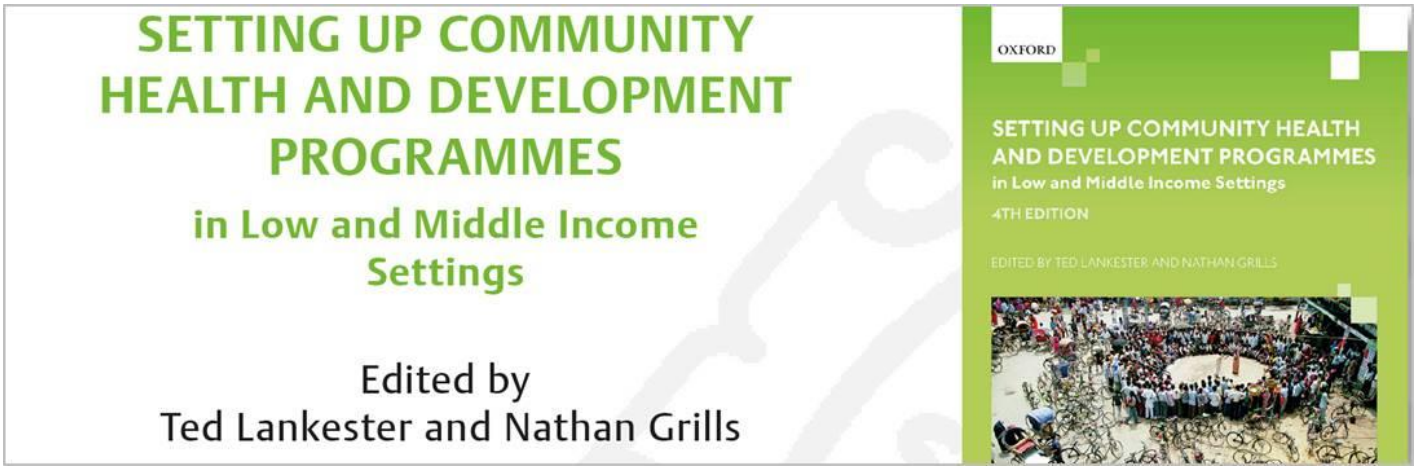
It was a privilege to go to Asia years ago, and it is a privilege to return for such a time as this.

Doug Briggs, MD, graduated from UNC Chapel Hill School of Medicine. He and his family worked in Asia from 1995 to 2018, where he founded primary care clinics for disabled urban and rural poor. He is currently the chief medical officer of Neighbor Health Center in Raleigh, North Carolina. He and his wife have three grown children and one grandchild.

Are You Trained to Teach in a Global Setting?

From: MEI Director

Teaching Healthcare in a Global Setting
Healthcare education is the new emphasis in medical missions, but many find themselves expected to teach without training or experience in how to do it. If you teach or are you planning to teach in an international medical school, residency or other healthcare training program and will be in the U.S. in September, this course is for you! It will help you develop or improve your skills to provide quality academics, while navigating cultural considerations, and you can take it when you are on home assignment! Last year's course was approved for 20 hours of Category I CME. The course will be held near Dallas, Texas on September 10-12, 2020. Click here to register.



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Comment from the Director of a large hospital and medical school:

"I have just bought and downloaded the kindle version of the book and it is really mouthwatering finger licking good. Congratulations for the launch of the book which I am sure will have significant impact in lives and communities."

From the authors to readers:

"We have written this book for two main audiences. The first is for those working in the field: programme managers, and practitioners from government and civil society involved in setting up or developing community health and development programmes, rural and urban. This book is also written for global health other healthcare students,

academics, policy makers and planners who wish to anchor their work in field-based-situations. The link between valuable academic research and the impact of such research on the increased well-being of vulnerable populations remains a thin line. Along with many others committed to the cause this book aims to broaden that line.

“As we study, lecture and travel, we see a gaping hole in global health – a giant jigsaw puzzle with the central pieces missing. This is the community – the community as an empowered group of individuals able to help plan, manage and increasingly “own” their health care, using inherent strengths, skills and abilities but in ways which also connect and integrate with government programmes. This book is focused on how communities, local health initiatives and trained health workers can help fill this gap and become the missing pieces of the jigsaw; how community members must be seen not simply as beneficiaries to whom we deliver a product – health care – but how they can be intimately involved in the solutions, as they learn to use their gifts and own their futures.”

Christian Health Service Corps Training

- June 15-20 Global Health and Tropical Medicine Overview
  https://www.healthservicecorps.org/event/global-health-2020-june/

- July 13-17 Community Health Evangelism Training of Trainers 1
  https://www.healthservicecorps.org/event/che-tot1-july2020/